



GULF COAST VETERANS HEALTH CARE SYSTEM (GCVHCS)

400 Veterans Ave. Biloxi, MS 39531

2022-2023 PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM BROCHURE

Rural & Underserved Interprofessional Postgraduate Fellowship

PSYCHOLOGY POSTDOCTORAL RESIDENCY APPIC #: 9934

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<http://www.biloxi.va.gov/index.asp>

<http://www.biloxi.va.gov/services/Psychology/Overview.asp>

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Gulf Coast Veterans Health Care System

Psychology Postdoctoral Residency: *Updated July 2021*

WELCOME AND PROGRAM OVERVIEW

Welcome, and thank you for your interest in postdoctoral training at Gulf Coast Veterans Health Care System! As you review our program brochure, you will likely note that several features of our program make it a truly unique training experience. First and foremost, our program unites Postgraduate Fellows from three separate disciplines to form an interprofessional cohort. Each year, the Fellowship brings on two Postdoctoral Psychology Fellows, one Postgraduate Social Work Fellow, and one postgraduate-year 1 (PGY-1) Pharmacy Fellow. The program focuses on **interprofessional training** among the represented disciplines and encourages **interprofessional work** with non-represented professionals as well (e.g., Clergy, Nursing, Audiology, Psychiatry). This training focus is comprehensive with respect to professional activities, emphasizing clinical service delivery (75%) and research, program evaluation, or quality improvement (25%). Thursdays are devoted to focused didactics and research team meetings amongst the interprofessional cohort. All professional activities are orchestrated via interprofessional collaboration.

Another unique feature of the Fellowship is its focus on learning about, engaging with, and developing advanced competencies with respect to **underserved populations**. Clinical care offered through each of our rotation options incorporates a recovery-oriented approach to patient-centered, interprofessional collaboration.

Our program offers considerable **flexibility** in customizing the training experience to suit the individual Fellow's professional goals and interests. Two Fellows in the program may have completely different training plans, with the exception of their participation in the shared didactics. Likewise, there is considerable flexibility related to how clinical caseloads are identified. Fellows completing training here may work in one primary clinic or may choose to provide services for Veterans in more than one clinic/location (based on individualized and coordinated training goals). Thus, a Fellow in the program is not limited to one particular clinical setting from which she/he will draw clientele.



One last feature of our program that may set it apart from some other opportunities is that participation as a supervisor in the Fellowship is not a mandatory job requirement at our facility. That is, our program faculty is comprised solely of **volunteer** supervisors and mentors who appreciate the contributions Fellows make to our work environment, understand the importance of quality training, value lifelong learning, relish the professional relationships they form with trainees, and support and advocate for Fellows in their professional development.

Fellowship Setting and Locations

Gulf Coast Veterans Health Care System is a large health care system spanning the coastal regions of Mississippi, Alabama, and the Florida Panhandle. It consists of a medical center in Biloxi, MS, three Community Based Outpatient Clinics (CBOCs), and a Joint Ambulatory Care Clinic (JACC). The CBOCs are located in Mobile, AL, Eglin Air Force Base, FL, and Panama City Beach, FL, and the JACC is in Pensacola, FL. The Fellowship Program is housed at the main hospital in Biloxi, MS.

Our health care system serves both urban and rural Veterans, as well as Veterans representing wide-ranging diversity with respect to age, race, ethnicity, SES, sexual orientation, and religious backgrounds. Likewise, Veterans served by our health care system experience a wide range of diagnoses and clinical presentations.



With regard to rurality, though our facilities are located just minutes from beaches and in locations not considered rural, many Veterans who receive services from our health care system live in remote areas or rural settings north of where our facilities are located. As such, much of the clinical training emphasizes methods for increasing access to care and remote provision of services.

In addition to the primary training site at our main hospital in Biloxi, trainees may also elect to pursue a minor

rotation at the Mobile Outpatient Clinic (MOPC) in Mobile, Alabama and may pursue some of the training opportunities offered at a site other than their designated “home” site via use of government vehicles and/or Video Teleconferencing. Likewise, faculty contribute to didactics from locations across our Health Care System.

Training Model and Program Aims

The Rural and Underserved Interprofessional Postgraduate Fellowship is a scientist-practitioner program providing a balance in advanced clinical training and basic research/program evaluation training. All work is structured to foster interprofessional collaboration. The primary goal is to train competent generalists who can advance theoretically-based, empirically-driven services, policy, and research that effectively enhances the quality and form of healthcare provided to traditionally underserved populations. Our hope is that our Fellows, once graduated, become active change agents in a variety of health service settings.

The program philosophy is that behavioral health training is a developmental process which we engage in, and foster, through provision of structured, developmentally sequential, experiential and educational learning opportunities. We strive to provide a learning environment that promotes ongoing professional development and the attainment of professional competencies and skillsets commensurate with those required of a health service psychologist. Each Fellow, in collaboration with the Director of Postdoctoral Psychology Training, will develop a highly individualized training plan designed to foster both personal and professional growth via progress toward individual short- and long-term professional goals. Additionally, the training experience acquired during this year meets postdoctoral supervision requirements for licensure in all three states represented in our Health Care System (i.e., Mississippi, Alabama, and Florida).

Training Schedule and Rotations

The Fellowship is flexible in that the training schedule can take multiple forms. The format for each Fellow will be finalized within the first two to four weeks via detailed discussion and planning with the Director of Postdoctoral Psychology Training, throughout the orientation to the program and VA. Early collaborative planning on how to meet individualized and programmatic training objectives is essential. Throughout the training year, that detailed plan is reviewed and at times collaboratively modified in order to stay true to the Fellow’s identified learning objectives as well as to ensure the programmatic goals and objectives are being met. Our experience is that many of our Fellows need that two to four week period simply to start to expand their understanding of the variety and specificity with which they can co-create/design their year of training with respect to identifying a range of activities which would lead to their meeting the goals and objectives of the program.

As noted above, the Fellowship is flexible in that any particular Fellow's training can be arranged to fit with his/her developmental needs/training goals. For example, though throughout the year the Fellow will be engaged in his/her major emphasis of **Rural Mental Health** or **Underserved**, the minor rotations can be arranged in 3, 6, 9, or 12-month periods, one at a time. This functionally means that a Fellow can have as many as 4 separate three-month minor rotations, or 2 six-month minor rotations, or 1 six-month minor rotation and 2 three-month minor rotations. Factors such as availability of supervisees and experience with tele-mental health procedures can influence the design of the Fellow's schedule. However, the most significant contributing factor in collaboratively designing a Fellow's training plan for the year is **the Fellow's long term professional and personal goals**.

Fellows receive 25% protected time to focus on research, quality improvement projects, program evaluations, and/or efforts which support the clinical/program development or research lab activities. Our hospital is part of VISN 16 and, as such, is associated with our South Central Mental Illness Research, Education, and Clinical Center (SC MIRECC), which has as its emphasis "Serving Rural and Other Underserved Populations." Given that our facility is in VISN 16 with the stated emphasis above, research focused on rural mental health and underserved populations is strongly encouraged and also provides unique educational opportunities for the Fellow. Fellows may jointly work on a research or program evaluation/quality improvement project, or may choose to pursue their own individual projects. Research and/or program development efforts can function as a "stepping stone" for future planned work/projects or career development. Some of our matched candidates envision conducting research in their professional lives, while others envision using the training acquired here to support and/or promote research efforts broadly. Our Fellowship is not geared necessarily toward creating research scientists, though the training can support such endeavors. Instead, the research training is geared toward helping foster comfort and competence in using data to answer questions and improve programs and treatment alike.

MAJOR ROTATION OPTIONS (TWO DAYS PER WEEK, YEAR-LONG)

Rural Veterans

A large proportion of Veterans seeking services within our Health Care System reside in rural (i.e., non-urban) areas. Fellows choosing this clinical focus provide mental health interventions via traditional outpatient care, home-based care as appropriate, and clinical video telehealth (CVT) to the home services for these Veterans. An in-depth focus of supporting activities is developing familiarity with concerns and considerations specific to rural Veterans and implementing best practices to serve the rurally-residing members of our population. Opportunities for outreach may be incorporated as well.

In addition to providing care in conventional clinical settings, this major training emphasis may incorporate clinical experiences crossing traditional medical center clinic divisions. That is, the Fellow may identify specific clinics within our facility which he/she would like to target. Using facility data information, the Fellow will generate a list of rurally and remotely living Veterans eligible for extended home visit services and will offer said services to eligible Veterans. For example, if a Fellow is interested in Behavioral Medicine, then he or she would likely obtain such a list of eligible Veterans from B-Med Clinics or Primary Care Clinics. The patient pull can and will likely shift focus throughout the course of the year so that the Fellow can obtain additional experience in creating eligibility listing as described above and so that the Fellow can obtain additionally diverse clinical experiences.

Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care Mental Health Integration (PCMHI), Mental Health Outpatient Clinic, Mental Health Intensive Case Management (MHICM), and other specialty clinics. If possible, a home visit model of care will be used as part of the Rural emphasis, though this has been temporarily suspended due to COVID-18. Fellows will also run a Telemental Health Clinic, allowing for further extend services.

Underserved Emphases

The Underserved major training emphases will be undertaken via clinical experiences likely crossing traditional medical center clinic divisions, though at times also requiring the Fellow to work within specified clinics. The processes for identification of targeted underserved populations will be similar to selection processes mentioned in the Rural Mental Health Major Emphasis Area description above. However, potential patients may also be identified through more traditional means, such as working in already established traditional clinics which target the underserved and/or already provide services to underserved or marginalized populations. Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care and Primary Care Mental Health Integration (PCMHI), Mental Health Outpatient Clinic, Mental Health Intensive Case Management (MHICM), the MST clinic, Inpatient Psychiatry, and other specialty clinics. Options for specific Underserved rotations are detailed below.

- **Seriously Mental Ill (SMI) or Chronically Mentally Ill (CMI)** Focus on SMI/CMI can be obtained via working in the Mental Health Outpatient Clinics, on the Acute Inpatient Psychiatric Unit, and in conjunction with the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Mental Health Intensive Case Management (MHICM) Program. The latter programs specifically focus on helping chronically mentally ill patients stabilize and decrease admittance into the Inpatient Psychiatric Ward. In all of the above programs, Fellows would attend interprofessional team meetings, many of which incorporate the Veteran as an active member.
- **Veterans with a history of Military Sexual Trauma (MST)** Trainees with interest in gaining exposure and clinical experience in treating concerns related to MST will likely be able to obtain those experiences in almost any clinic throughout the facility via coordination with our facility's MST Coordinator and placement in the outpatient mental health clinics. As described above for the SMI/CMI rotation, Fellows working with Veterans having experienced MST will also engage in a treatment planning and consultation process which focuses on recovery and seeks to involve the Veteran as much as possible in the coordination of planning.
- **Homeless Veterans** Opportunities to collaborate in addressing homelessness as a clinical issue will be found in several clinics across the hospital, particularly the Inpatient Psychiatry Ward. Additionally, there are dedicated beds in the Psychosocial Rehabilitation and Recovery Treatment Program (PRRTP), and trainees would be able to work on that unit by providing consultation to the clinical team as needed. As with the other highlighted populations enumerated here, trainees choosing a focus on treating homeless Veterans would engage in patient-centered, coordinated interprofessional treatment approaches.
- **Lesbian, Gay, Bisexual, and/or Transgender/Intersexed (LGBTI) Veterans** LGB focused work can be obtained throughout the facility, but will most likely be obtained within two specific clinics: the Inpatient Psychiatry Unit, and the Mental Health Outpatient Clinics. Each of these clinics may be understood as somewhat general, having a broad range of clinical presentations and issues occurring in the patients who are seen therein. Trainees interested in gaining training related to LGB issues and clinical practice would prioritize consults for treatment related to LGB issues. Additionally, trainees may work with providers in said clinics to offer support groups and psychoeducational groups related to LGB concerns.
- Veterans identifying as Transgender or Intersexed also present widely across various clinics in the facility. Interprofessional work is a critical feature of treatment with this population, and would be a prominent aspect of training for those who choose this emphasis. Trainees would benefit significantly in obtaining first-hand knowledge of very specific logistic and therapeutic issues related to helping Veterans who identify as Transgender or Intersexed. An approach to offering trainees opportunities to participate in shared decision making and recovery-oriented treatment coordination and consultation will be emphasized with this patient population as well.

MINOR ROTATIONS (ONE DAY PER WEEK, VARIABLE LENGTHS)

While having an overall major emphasis in provision of mental health treatment of Veterans living in rural and remote areas across our coast, or Veterans who have been traditionally underserved, the Fellow will have opportunity to complete additional training in the following minor emphases: Health Psychology/Behavioral Medicine (B-Med), Hospital Administration, Research, Clinical Supervision, PTSD, and Evidence Based Practices.

Fellows select minor rotations to allow for additional skill building with populations and/or modalities of interest. Minor rotations may vary in length (three months, six months, nine months, or 12 months). Thus, a Fellow may elect to pursue four separate minor rotations of three months each, or may choose two six-month rotations, etc.

Hospital Administration Minor Emphasis Area

This training minor emphasis will be undertaken via administrative experiences within our local facility and at times within our VISN. The Fellow will attend upper management meetings, including Morning Report and other meetings in which the Preceptor regularly participates and/or meetings for which she can arrange attendance by the Fellow. The Fellow may also participate in hospital committee work and related projects as available and with other hospital administrators as available and/or coordinated based on Fellow career goals and aspirations. For example, Fellows can work with other training programs or clinical teams to address process improvement efforts and/or policy creation. Fellows, due to location logistics may opt to participate in hospital administration experiences at any of the divisions of our health care system, though coordination of training experiences are guided by the Preceptor.

Psychology Preceptor: Dr. Kimberly Tarrt-Godbolt.

PTSD Minor Emphasis Area

This training minor emphasis area will be undertaken via clinical experiences obtained in the Posttraumatic Stress Disorder Clinical Team (PCT) or in Outpatient Behavioral Health. Training would include EBT-focused work (Cognitive Processing Therapy; Prolonged Exposure; Trauma Informed Guilt Reduction; Written Exposure Therapy; Skills Training in Affective and Interpersonal Regulation; Exposure, Relaxation, and Rescription Therapy for nightmares; Seeking Safety) within the designated clinics allowing for work with patients diagnosed with PTSD. Clinical experiences will likely first take place in the clinic with optional work conducted in remote settings (with Fellow making home visits or via use of clinical video telehealth) once developmentally appropriate or chosen as a targeted training experience. Typically, this emphasis is selected when a trainee has not yet had VA training in specialty PTSD clinics and is designed in such a way as to round out clinical training within VA.

Psychology Preceptor: Dr. Christopher Perez

Health Psychology/Behavioral Medicine (B-Med) Minor Emphasis Area

This training minor emphasis area will allow for opportunities to address health behaviors in our Veteran population as well as a focus on Behavioral Sleep Medicine, to include use of Cognitive-Behavioral Therapy for Insomnia (CBT-I). Like other Minor Emphasis areas, clinical experience could include telehealth and/or making home visits once developmentally appropriate, and if Veteran need is identified. Opportunities to provide services across sites within our Health Care System may be available.

Psychology Preceptor: Dr. Ron Alexander and Dr. Brian Upton

Research Minor Emphasis Area

Trainees are provided with hands on instruction, and guidance for each Fellow's research and program evaluation foci. This takes place throughout the year and is facilitated by the weekly seminar and research focused supervision and team meetings as well. Other researchers/staff may collaborate on a Fellow's project(s) as needed or desired and may meet with the Fellow in addition to his/her attendance/participation in the research seminar. Fellows choosing this emphasis will additionally learn how to help establish research coordination and collaboration, as well as have the opportunity to begin writing a grant and/or writing and submission of manuscripts. Focus of this emphasis is on providing additional time/coordination for the Fellow on his/her broad research efforts and (already) ongoing research training. It is designed to augment and assist his/her efforts.

Psychology Preceptors: Dr. Christopher Perez and Dr. Jeff Lawley

Clinical Supervision Minor Emphasis Area

This training minor emphasis area will be undertaken via supervision experiences with doctoral-level trainees when available. Preceptors will provide supervision via same-room observation of the Fellow conducting supervision with a doctoral trainee, most likely a doctoral intern training in our facility's APA accredited doctoral internship program. Fellows will be exposed to supervision theory and several models of supervision during this minor area.

Psychology Preceptors: Dr. Alicia Brown, Dr. Shannon Fussell, and Dr. Jeff Lawley

Evidence Based Practices (EBP) Minor Emphasis Area

Trainees are provided with instruction and guidance in providing a wide range of Evidence Based Practices and Treatments. Trainees will be matched with a supervisor based on their EBP goals and staff training in specific EBPs.

Psychology Supervisors: Dr. Ronald Alexander (CBT-I); Dr. Alicia Brown (CPT); Dr. Shannon Fussell (IBCT, IPT-D, CBCT for PTSD, STAIR, and CBT-D); Dr. Christopher Perez (CPT, PE, TrIGR, Seeking Safety)

Didactics, Peer Consultation, and Training Meetings

Fellows are expected to participate in all scheduled program didactics and meetings, and most of each Thursday is devoted to focused learning and research efforts. Some didactic offerings are available only to the Fellows. Other didactic opportunities are shared with the Psychology Internship program and/or the Clinical Pastoral Education program at our facility and may allow Fellows to gain experience presenting didactic material as well as participating in a learner role. Monthly VISN-level and national seminars are attended via remote connection with other sites. A summary of seminars and meetings follows:

- **Psychodiagnostics:** Shared with Biloxi internship program, this weekly seminar offers opportunities during the year for Fellows to present materials related to various psychiatric diagnoses and/or behavioral patterns. The focus of the seminar is on diagnosis and differential diagnosis of complex presenting concerns.
- **Rural and Underserved Seminar:** This seminar is offered bimonthly, with one session lasting one hour, and the other session lasting two hours. The seminar is offered only to the Rural & Underserved Interprofessional Fellowship cohort. An in-depth focus related to mental health issues in rural and underserved populations is the focus. Invited presenters from a variety of disciplines, backgrounds, and locations within the Health Care System provide a wealth of knowledge and offer diverse perspectives on working with our underserved populations.

- **Evidence-based Psychotherapy Seminar:** This monthly, two-hour seminar is devoted to a survey of VA-approved evidence based psychotherapies (e.g., CBT-I, IPT-D, CPT, PE, Motivational Interviewing). Participants include the Interprofessional Fellows as well as the Biloxi and JACC Psychology Interns. Presenters are trained and experienced in the psychotherapy approaches they present, and many of them are also national VA consultants for their particular psychotherapies.
- **Underserved Seminar:** The Underserved Seminar offers an in-depth focus on the underserved populations represented in our program (i.e., LGB Veterans, Transgender Veterans, Veterans with a history of Military Sexual Trauma, Veterans who are homeless, and Veterans with Serious and/or Chronic Mental Illness). Invited presenters from a variety of disciplines, backgrounds, and locations within the Health Care System provide a wealth of knowledge and offer diverse perspectives on working with our underserved populations.
- **Wellness Seminar:** This monthly, one-hour, Fellows-only seminar is designed to address issues associated with being new professionals. Our Fellowship cohort participate in this seminar, with topics such as "Professional Ethics," "Dealing with Imposter Syndrome," "Self-Care and Life Balance," "Performance Based Interviewing," and "Coping with Patient Suicide." The seminar is designed to allow our postgraduate Fellows a safe space to learn about and discuss professional development topics with the support of their faculty.
- **Interviewing & Psychotherapy Seminar:** This bimonthly (one-hour), Fellows-only seminar is designed to promote development of advanced clinical interviewing skills as well as awareness and/or application of various conceptual and clinical practice models. Fellows complete and discuss assigned readings germane to building skills in these areas.
- **Interprofessional Treatment Consultation Team:** This one-hour case conference meeting is held once per month, attended by members of the interprofessional training faculty. Fellows present clinical cases and receive input from members of their own and other disciplines, honing their clinical presentation skills and actively practicing interprofessional case consultation.
- **Basic Research Design, Methods, and Statistics:** The Research Design seminar is held monthly for one hour, offering education related to planning for and conducting scholarly research. Fellows may have opportunities for peer learning, depending upon past research experience/knowledge.
- **Research Lab:** This monthly, one-hour seminar is designed to allow Fellows and their preceptors an opportunity to check in about the Fellows' current research and program development projects. Fellows provide updates on project status and receive assistance from the faculty in progressing toward their project goals.
- **Interprofessional Report and Overview of Chart (IROC):** This bimonthly, one-hour informal case consultation meeting is designed to allow participants to choose and review a case, and lead an interdisciplinary discussion that emphasizes a biopsychosocial or other "broad" conceptualization model that is able to explore and incorporate data from various points of knowledge. This meeting is shared with the Psychology Internship program and the Clinical Pastoral Education program. Members of the Interprofessional faculty are present along with trainees at all levels, to promote a thorough interprofessional approach to treatment.
- **Psychopharmacology Seminar:** This weekly, one-hour, Fellows-only seminar provides an in-depth look at psychotropic medications. Fellows have presentation opportunities during the year as they focus on particular diagnoses/treatments.

- **Journal Club:** The Journal Club is a monthly, Fellows-only, one-hour meeting coordinated by the Fellows with a focus on a review and discussion of literature pertaining to best mental health practices, interprofessional work, and/or working with rural and underserved populations.
- **South Central MIRECC CBOC Grand Rounds:** Fellows participate virtually in this monthly, multi-site training focused on rural healthcare.
- **Diversity Series:** The only required seminar not occurring on Thursdays, the “Diversity Days” seminar is a one-hour, monthly, national, multi-site collaborative training focused on increasing cultural competence. Fellows have the opportunity to co-present one seminar session for the national audience during the Fellowship year.
- **Peer Consultation:** Each week, Fellows are allotted one to two hours for peer consultation, occurring during lunch. Fellows are encouraged to enjoy informal consultation and cohort bonding time weekly during Peer Consultation.
- **Interprofessional Fellowship Faculty Meeting:** The Rural & Underserved Interprofessional Fellowship Faculty meets quarterly, and Fellows attend the first portion of that meeting to provide feedback to the faculty related to their training experience.
- **Group Supervision Co-Facilitator:** The Psychology Internship Director of Training and Assistant Director of Training serve as mentors and co-facilitators for group supervision of the Psychology Interns on a monthly basis with each Fellow.

PROGRAM AIMS & COMPETENCIES

Profession Wide Competencies: The program focuses on developing the three core profession wide competencies identified by the APA Commission on Accreditation (CoA) in the Standards for Accreditation (SoAs) for postdoctoral residency programs, as follows:

1. **Integration of Science and Practice.** This includes the influence of science on practice and of practice on science.
2. **Individual and Cultural Diversity.** This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
3. **Ethical and Legal.** This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

Program-specific Aims and Competencies: In addition to the profession-wide competencies, our program focuses on the following:

Specific Program Aim 1: Provide empirically supported mental health treatment and adjunctive care services (assessment, evaluation, consultation) for targeted population, thereby enhancing standard services and increasing access to care for targeted population. Gain experience and training related to clinical work for targeted population and/or content area. Competencies related to Aim 1 are related to provision of treatment generally, as follows:

Competency 1.1: Effectively use Empirically Based Treatments (EBTs) for targeted populations when appropriate.

Competency 1.2: Effectively use assessment, evaluation, and consultation for targeted population when appropriate/needed.

Competency 1.3: Effectively work as a member of interdisciplinary integrated care teams.

Activities related to Aim 1 and the Competencies associated with Aim 1 follow:

Activity 1.1: The Fellow will work approximately three days per week with focus being on provision of care for rurally or remotely living Veterans and/or underserved populations. This provision of care will include services delivered face-to-face at a facility in an office, and/or remotely through tele-mental health care technology. Provision of care will also include assessment, evaluation, chart review, and consultation when clinically appropriate. Fellows will provide EBTs when appropriate.

Activity 1.2: The Fellow will participate in traditional Interdisciplinary Treatment (IDT) Teams concerning any patients for whom she/he provides clinical services. The Fellow will participate in appropriate and ethical treatment planning for identified patients and will actively engage in the Interprofessional Treatment Consultation Team meeting, coordinated through our training program.

Activity 1.3: For the Rural Mental Health Emphasis, the Fellow will identify rurally living and/or remotely living and/or underserved Veterans through use of hospital information systems and will offer services to those Veterans identified through such mechanisms. For the Underserved Emphasis, the Fellow will identify patients by using the hospital information systems and will offer services to identified Veterans. For the Minor Rotations, similar mechanisms for identifying potential patients will be employed, though the goal for the minor emphasis is treatment issue or content specific. Thus, patients seen during any of the minor emphases would not necessarily have to be rurally or remotely living Veterans or Veterans identified as underserved.

Specific Program Aim 2: Understand rural cultural issues, underserved population issues and cultural needs, diversity issues, and general physical and mental healthcare issues central to identified target population. Understand ethical guidelines. Understand facilitative and prohibitive issues related to provision of rural mental health care and care provided to underserved populations, to include knowledge of medical center mechanisms which can be used for said care enhancement.

Competencies related to Aim 2 are related to attainment of knowledge related to rural and underserved mental health care:

Competency 2.1: Effectively demonstrate knowledge and awareness of rural cultural and diversity-related issues and/or demonstrate knowledge and awareness of underserved populations and diversity-related issues affecting and influencing target population(s).

Competency 2.2: Effectively demonstrate knowledge of research findings related to target population and effective treatment of target population, including both physical and mental health concerns/issues.

Competency 2.3: Effectively demonstrate knowledge needed for successful implementation of care enhancement programs and/or treatment models.

Activities related to Goal 2 and the Competencies associated with Aim 2 follow:

Activity 2.1: Fellows will engage in the structured programmatic didactics, which include local programming as well as VISN and national-level presentations. All will engage in the weekly, bimonthly, and monthly structured seminars. Didactics may also be a part of individual supervision experiences. Other didactics will be provided when educational needs are identified and/or when available.

Activity 2.2: Fellows will conduct literature reviews and will engage in reading assignments, both self-initiated and initiated by their Preceptors. Fellows will engage in data gathering and evaluation geared toward gaining knowledge regarding rural mental health care status and needs, or mental health care status and needs for those identified as underserved. Fellows will learn to use medical center data sources to identify patient and patient needs. Fellows will provide presentations to other VA staff and faculty when possible and will seek out opportunities for public education.

Activity 2.3: Fellows will engage in committee work. When available, Fellows will be active members of

local, regional and national committees allowing them to gain access to additional educational resources and information.

Specific Program Aim 3: Be able to evaluate state of service provision for a targeted population at a facility. Understand how to identify target population utilizing available medical center information. Be able to present information in oral and written format to program and/or hospital administrators.

Competencies related to Aim 3 listed above relate to evaluation/research skills:

Competency 3.1: Effectively demonstrate ability to obtain necessary information and data for evaluation of state of service provision for target population.

Competency 3.2: Effectively demonstrate ability to identify target population using data sources.

Competency 3.3: Effectively provide presentations to medical center staff and faculty regarding status of mental health care for target population.

Activities related to Aim 3 and the Competencies associated with Aim 3 follow:

Activity 3.1: Fellows will participate in didactics and research meetings focused on rural and underserved population behavioral health care research.

Activity 3.2: Fellows will learn and use hospital resources for the purpose of identifying potential patients and for overall programmatic evaluation of care services. Fellows will identify key personnel and facility resources and will understand how to identify such resources at other medical centers.

Activity 3.3: Fellows will participate in facility research and program evaluation efforts, potentially including designing and initiating IRB and R&D review of research proposals under the supervision of an Investigator or Research Preceptor. Fellows will be encouraged to submit presentations and/or manuscripts as appropriate. Fellows may also choose to present findings from program development/evaluation projects at professional meetings.

SUPERVISION

Fellows receive one hour per week of professional development/general program supervision with the Director of Training. In addition, they receive one hour per week of individual supervision with each of their major and minor rotation supervisors. Finally, they meet regularly with their research/program development supervisors, though these meetings may not occur on a weekly basis.



TRAINING FACULTY

The following is a quick list of our training faculty and their respective focus areas.

INTERPROFESSIONAL TRAINING FACULTY:

Ronald Alexander, PhD: Ronald Alexander, PhD: Health Psychologist; Supervisor for Rural Major and Behavioral Medicine/Health Psychology Minor Rotation.

Alicia Brown, PhD: Mental Health Outpatient Clinic Psychologist; Supervisor for the Clinical Supervision and Evidence Based Practices minor emphases.

Beth Curry, PhD: Mental Health Outpatient Clinic Psychologist; Military Sexual Trauma (MST) Veteran Services Coordinator; Seminar Contributor.

Aimee Easley, LCSW: Psychosocial Rehabilitation and Recovery Center (PRRC) Social Worker; Seminar Contributor.

Daniel DeOrnellas, PharmD: Clinical Pharmacy Specialist, Psychosocial Residential Rehabilitation Program (PRRTP); Quit Tobacco Pharmacist.

Shannon Fussell, PhD: Director of Psychology Postdoctoral Training; Director of Postgraduate Training, Rural & Underserved Interprofessional Fellowship; Coordinator for the Evidenced Based Practices Seminar; Seminar Instructor (Interviewing & Psychotherapy and Wellness); Supervisor for the Rural Major Rotation and Underserved Major Rotations (MST and Homeless Veterans); Supervisor for EBP and Clinical Supervision Minor Rotations. Provides weekly general program supervision for Psychology Fellows.

Amy Gasparrini, LCSW: PRRTP Social Worker; Seminar Contributor.

Jeffrey Lawley, PhD: Inpatient Psychologist; Psychology Practicum Coordinator; Supervisor for Underserved populations (Focus on Homeless Veterans and SMI/CMI); Research Minor Rotation Supervisor; Supervision consultant.

Christopher Perez, PhD: PTSD Psychologist, PRRTP; Seminar Instructor (Research Design Seminar); Supervisor for Rural and Underserved (MST) Major Rotations and Research and EBP Minor Rotations.

Michael Prazak, PhD: Mental Health Outpatient Psychologist; Seminar Instructor (Interviewing & Psychotherapy and Research Design Seminars); Supervisor for Rural Major Rotation.

Michelle Richard, PharmD, BCPP: Clinical Pharmacy Specialist; Behavioral Health PGY-1 Pharmacy Residency Program Director, Biloxi; Psychopharmacology Seminar Leader.

Kimberly Tartt-Godbolt, PsyD: Lead Psychologist; Program Manager for the Mobile Outpatient Clinic; Supervisor for Hospital Administration Minor Rotation.

Brian T. Upton, PhD: Behavioral Medicine/Chronic Pain Psychologist, Mobile Outpatient Clinic; Supervisor for Underserved (LGBT) Major Rotation and for Health Psychology/Behavioral Medicine Minor Rotation.

Walter B. Ware, PsyD, MSCP: Director of Psychology Internship Training – Biloxi; Seminar Contributor; Supervision consultant.

Lynn Worley, LCSW, BCD: Caregiver Support Program Manager; Social Work Postgraduate Coordinator.

REQUIREMENTS FOR COMPLETION

The first day of the Fellowship will be devoted to New Employee Orientation (NEO). The first two weeks broadly then are devoted to general Behavioral Health Service Line Orientation and orientation to the Fellowship program. NEO is a medical center station requirement for all new employees and has planned start dates. NEO is particularly helpful in obtaining information about, and in selection of, insurance policies and coverage. The Director of Psychology Postdoctoral Training will coordinate an informal but comprehensive Behavioral Health Service Line Orientation wherein more detailed training and information needed for effective clinic management will be reviewed and presented.

Before and during the orientation weeks, the Fellow will review his/her training experiences, career goals, and identified learning objectives with the Postdoctoral Training Director. This reflective process and procedure is undertaken for the purpose of helping the Fellow to identify strengths and targeted areas of growth in order to facilitate coordinated training efforts and an individualized training experience such that the training year serves the educational goals of the Fellow. In keeping with our developmental philosophy, our training program aspires to foster developmentally appropriate learning via targeted learning tasks. Fellows are encouraged to address any identified areas for growth, such as areas in which they have had limited experience so that opportunities to round out those areas can be designed and coordinated.



At the beginning of the training year, each Fellow will receive a Rural and Underserved Interprofessional Postgraduate Fellowship Training Program Handbook. The handbook and supplemental materials provided during

the orientation provide an overview of the training program, training program processes and procedures, rules and regulations, due process and grievance procedures, and evaluation forms. Additionally, information relevant for work and training within a VA training program and information relevant to working with military Veterans is provided during that orientation.

The handbook will specify the required competency elements within each competency domain. The form was developed based both on our program's stated learning objectives and on the American Psychological Association's (APA's) Profession Wide Competencies (PWCs) at the postdoctoral level.

At the end of each training emphasis, and also at the midpoint of the Major Rotation, the Fellow is rated on all competency elements that apply to that training emphasis and that were observed during that training period. Competency elements will be tracked throughout the training year. The expectation is that ratings of "3" or above (on a 4-point scale) will be obtained for each competency by the end of each minor rotation, and by the mid-point of the major rotation. If a Fellow's ratings on a given competency are below "3," additional steps will be taken to address that competency in future training experiences. Often, this is accomplished informally among the Fellow, the clinical supervisor/preceptor, and the Director of Training. In the case that competency needs are not adequately addressed via informal measures, a formal Due Process procedure is in place, and Fellows receive a copy of this document during Orientation.

FACILITY AND TRAINING RESOURCES

We have designated space at the main hospital in Biloxi, MS. Each Fellow will have his/her own workspace. Though travel between the CBOCs and the medical center can take place throughout the week as required, there are specific days when important didactics occur. For example, it is expected that the Fellow will participate in our program's core didactics as well as the once a month Diversity Days Seminar. This participation will provide opportunity for the Fellow to coordinate research efforts, be part of peer consultation, and participate in the Interprofessional Treatment Consultation Team meeting.



Fellows will provide care in their respective offices, in group rooms, or in the homes of their patients, accordingly. To accommodate and support this kind of home-based work, Fellows will be provided government vehicles, GPS systems, and other necessary technological tools (e.g., webcams, encrypted video teleconferencing software, etc.). Fellows will have full access to our hospital medical library, including journal databases and interlibrary loan services. Our facility employs two medical librarians who are available to assist with basic library research efforts and help with obtaining articles and books from other VA libraries. Likewise, Fellows will have full range of our Behavioral Health Service Training Libraries, which include a comprehensive set of books and resources obtained by our training leadership exclusively for Behavioral Health training programs (this Fellowship, and the two independent doctoral psychology internship programs). Fellows will have access to VA Informatics and Computing Infrastructure (VINCI), data warehouse, and other software needed to conduct basic social science research analyses.

ADMINISTRATIVE POLICIES AND PROCEDURES

Gulf Coast Veterans Health Care System's policy on Authorized Leave is consistent with the national VA standard. You are welcome to discuss this with the Director of Psychology Postdoctoral Training and/or request a copy of the current training program handbook.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Director of Training will provide the information needed to understand the requirement and reasons for the requirement in timely manner.

COVID-19 Vaccination: As of October 7, 2021, all HPTs in VHA must be vaccinated or must provide documentation supporting a medical or religious exception.

Due Process and Grievance Procedures: All trainees are afforded the right to due process in matters of problematic behavior and grievances. Our training program's due process and grievance procedures are described in our Handbook and correspond with Human Resource and VA policy and procedures for temporary employees. A copy of our due process policy is available on request. All processes and procedures are reviewed during training orientation.

Maintenance of Records: All records of the individual Fellow's training experience, to include copies of the original and any updated Individualized Fellowship Training Plan documents, competency evaluations, and all other records germane to the Fellow's performance, are stored in a locked file in the office of the Director of Training. These records are considered protected and confidential and will be maintained in perpetuity. In

addition, records related to program planning, faculty meetings, and the like are stored in a locked file in the office of the Director of Training until the completion of the next accreditation site visit.

Privacy Policy: We collect no personal information from you when you visit our Website.

Random Drug Testing: HPTs in VHA are subject to random drug testing. Additional information related to this policy is available at the following link: VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees.

Self-Disclosure: We do not require our trainees to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting treatment or other clinical performance and such information is necessary to address these difficulties.

ACCREDITATION STATUS

The program is not currently accredited by the American Psychology Association's (APA) Commission on Accreditation (CoA). It is an APPIC-member program.

STIPEND AND BENEFITS

Fellows receive the 10 annual federal holidays. In addition, our Fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period, for a total of between 96 and 104 hours of each during the year. According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training or job interviews with VA medical centers. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

The Postdoctoral Fellowship Stipend and benefits are standard for VA Postdoctoral Residencies (<http://www.psychologytraining.va.gov/benefits.asp>). The 2021-2022 stipend was \$46,334.00, paid out in 26 installments throughout the course of the appointment. The appointments are for 2080 hours, which is full time for a one-year period of time. Our Fellows are appointed as temporary employees for at least one year and one day so as to allow for additional healthcare benefits. Start dates vary according to Fellow availability and preference, but must also match the employee start dates available through Human Resources. VA fellows are eligible for health insurance (for self, legal spouse, legal dependents) and for life insurance, just as are regular employees. As temporary employees, Fellows may not participate in VA retirement programs.

APPLICATION & SELECTION PROCEDURES

Eligibility

As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates, regardless of age, racial, ethnic, religious, sexual orientation, gender, gender identity or expression, disability or other minority or marginalized status. Given that our training program's major emphases are categories of diversity and our training program values diversity focused training, we strongly encourage applications from candidates with interest and experience working with diverse populations.

Note: Psychology Fellows must be US Citizens and must have completed doctoral training in an APA-accredited clinical or counseling psychology program and an APA-accredited psychology internship. Degrees will need to be completed prior to start date; confirmation of degree completion will be obtained through the candidate's university (the degree will have to be conferred by the university, not the program).

Once matched, our Postdoctoral Fellows will be subject to hiring processes and procedures required by VA, including fingerprinting, completion of background checks, and drug screens. Additionally, male applicants who are born after 12/31/1959 must have registered for the draft by the age of 26. General information about postgraduate training application processes and procedures in VA can be obtained at: <http://www.psychologytraining.va.gov/procedures.asp>.

Procedure

Applications may be made via the APPA CAS system. Although there are two emphasis areas, there is only one application needed should an applicant be interested in applying to both the Rural and Underserved training tracks. If you have general questions or difficulty with the application process, please contact Dr. Fussell. Applications should include the following:

1. A letter of interest outlining short and long term career goals, expectations for training, and your anticipated goodness of fit with the Rural and Underserved Interprofessional Postgraduate Training Fellowship. (This letter should stipulate if you would like to be considered for either training track/emphasis area: Rural or Underserved.) This is in effect a cover letter, but one which specifically addresses the above noted points.
2. A current academic curriculum vitae.
3. Official graduate transcripts (we accept unofficial for initial review, but will require official transcripts if selected).
4. A letter of status or email of status from academic program and anticipated completion date.
5. Three letters of recommendation, at least one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as “evaluations” within the APPA CAS portal.
6. An example of research or other scholarly work (e.g., abstract, poster, manuscript).

Application Ratings, Candidate Interviews, and Selection Processes

Our program uses a standard rubric for rating the materials each applicant submits in his or her application. Interviews are offered on the basis of application ratings, and selected candidates are interviewed by telephone and/or through use of video-telephone equipment, (Microsoft Teams or Zoom). All applicants will be informed whether or not they have been invited to interview. An in-person interview is not required to match with our program, though your visiting our campus would be welcomed.

This program will honor the APPIC recommendations and guidelines for selection processes. Specifically, we plan to have our rank list completed prior to match to allow us to provide reciprocal offers should one of our interviewees contact us prior to match having already been offered a position, but requesting consideration of a counter or reciprocal offer from us. Validation in writing of early offer is required for this program to consider making a reciprocal offer.

Additionally, regular offers (non-reciprocal offers) will follow APPIC guidelines. We ask that applicants also are familiar with the APPIC applicant recommendations and guidelines. Please review the APPIC website which details said procedures: <http://appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>. Note that the APPIC selection guidelines detail how applicants should undertake selection processes as well, including asking that applicants also develop their ranked order of sites early in advance in order to expedite the matching processes. Please also note that APPIC has altered said guidelines from year to year recently in an effort of continuous process improvement—please make sure to review the current APPIC guidelines.

LOCAL INFORMATION

That Biloxi, MS is located directly on the Gulf Coast, offering direct access to beaches and water-related interests (e.g., fishing, boating, kayaking, paddle boarding). Our area offers a growing array of entertainment options, to include art museums and cultural centers (The Ohr-O'Keefe Museum of Art, The Mary C. O'Keefe Center for Arts and Cultural Education, the Walter Anderson Museum of Art), a Minor League baseball team (The Biloxi Shuckers), multiple annual festivals and events (e.g., Mardi Gras, The Peter Anderson Festival, Cruisin' the Coast, Smokin' the Sound), and our own Mississippi Aquarium. Our area is also home to multiple casinos, bringing in nationally- and internationally-renowned entertainment acts for live music and theatrical performances. The Mississippi Gulf Coast offers a wealth of dining options as well. In addition, our facility is located approximately 90 miles from New Orleans, LA, and 60 miles from Mobile, AL, so it is convenient to visit either of these larger cities and enjoy their amenities on a day trip. Finally, we are approximately two hours by car to some of the most beautiful beaches in the world, on the Alabama and Florida Gulf Coasts.



The Gulf Coast Veterans Health Care System (GCVHCS) is a part of the Veteran's Integrated Service Network (VISN) 16, which also includes the VA Medical Centers in Houston, TX, Oklahoma City, OK, Muskogee, OK, Little Rock, AR, Fayetteville, AR, Alexandria, LA, Shreveport, LA, New Orleans, LA, and Jackson, MS. Our facility spans three states. The VAMC in Biloxi, MS is located on the Biloxi Peninsula with the Gulf of Mexico only minutes from the facility and the Back Bay visible from the facility. See our VA's website for additional pictures: <http://www.biloxi.va.gov/> or visit our VA's Facebook page: <https://www.facebook.com/VABiloxi/>.

The main hospital, CBOCs and JACC are located along the coast, minutes from beaches, making our VA different than most other VAs which have a concentric configuration between the VAMC and respective CBOCs. Therefore, instead of a "spoke and wheel," our VA is more like "a string of pearls." Though our facilities are located along the beach (see websites for Biloxi, MS; Mobile, AL; Pensacola, FL; Eglin Air Force Base, and Panama City, FL, for photos and details about those communities) in non-rural settings, many of our Veterans seeking care with us are living in rural and remote areas of Mississippi, Alabama, and Florida and travel great distances to receive their care. The Gulf Coast area is a setting with a rich history of diverse settlement and cultural influx. The catchment area the facility covers is broad in area and cultural wealth, and yet the cost of living is reasonably low.

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We encourage phone calls and/or email inquiries about additional information regarding our program's location, attractions, and environment. Our facility has had many trainees who came to train, but ended up joining our faculty—not only is this a testament to the quality of our training program and the facility, but those former trainees are also a great resource for interested applicants given that those staff know both what it is like to train here as well as what it is like to live and work here. We also encourage contact with our current trainees, and this can be facilitated through sending an email to the following program leadership:

Shannon K. S. Fussell, PhD

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